

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name PrimeCare Medical of West Virginia, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 25-1816888

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

Lorrie Yeager Juvenile Detention Center  
907 Mission Drive  
Parkersburg, WV 26101

Number, Street, City, State & ZIP Code

Wood

County

3940 Locust Lane  
Harrisburg, PA 17109-4023

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor PrimeCare Medical of West Virginia, Inc. Case number (if known) \_\_\_\_\_  
Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6219

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **PrimeCare Medical of West Virginia, Inc.**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

### Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor	<b>PrimeCare Medical of West Virginia, Inc.</b>	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **PrimeCare Medical of West Virginia, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 17, 2024**  
MM / DD / YYYY

**X /s/ Thomas J. Weber**

Signature of authorized representative of debtor

**Thomas J. Weber**

Printed name

Title **Chief Executive Officer**

**18. Signature of attorney**

**X /s/ Joe M. Supple**

Signature of attorney for debtor

Date **January 17, 2024**

MM / DD / YYYY

**Joe M. Supple 8013**

Printed name

**Supple Law Office, PLLC**

Firm name

**801 Viand Street**

**Point Pleasant, WV 25550**

Number, Street, City, State & ZIP Code

Contact phone **304-675-6249**

Email address **info@supplelawoffice.com**

**8013 WV**

Bar number and State

**Fill in this information to identify the case:**

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 17, 2024

**X /s/ Thomas J. Weber**

Signature of individual signing on behalf of debtor

**Thomas J. Weber**

Printed name

**Chief Executive Officer**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 0.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 0.00

### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 225,036.49

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 2,800,000.00

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 3,025,036.49

Fill in this information to identify the case:

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.  
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.



Debtor PrimeCare Medical of West Virginia, Inc. Case number (if known) \_\_\_\_\_  
Name

☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor PrimeCare Medical of West Virginia, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$0.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$0.00</u>

Fill in this information to identify the case:

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Department of the Treasury Internal Revenue Service PO Box 9941, Stop 6552 Ogden, UT 84409-0941</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$225,036.49</b>	<b>\$0.00</b>
	Date or dates debt was incurred <b>12/31/2020</b>	Basis for the claim: <b>Penalty</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Andy Lee Griffin, Administrator of the Estate of Amber Griffin c/o L. Dante diTrapano, Esquire 500 Randolph Street Charleston, WV 25302</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Personal injury</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.2	Nonpriority creditor's name and mailing address <b>April Kyer c/o Scott B. Cooper, Esquire Schmidt Kramer PC 209 State Street Harrisburg, PA 17101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>worker compensation</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor Name	PrimeCare Medical of West Virginia, Inc.	Case number (if known)	
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Brittany Foster</b> <b>c/o Reginald D. Henry, Esquire</b> <b>Reginald D. Henry, Attorney at Law, PLLC</b> <b>PO Box 465</b> <b>Mabscott, WV 25871</b>  Date(s) debt was incurred <u>09/29/2022</u>  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury/worker compensation</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Charles Watts, Administrator of the</b> <b>Estate of Johnny H. Watts</b> <b>c/o L. Dante diTrapano, Esquire</b> <b>500 Randolph Street</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Douglas M. Bircher, Administrator</b> <b>of the Estate of Paul P. Bircher</b> <b>c/o L. Dante diTrapano, Esquire</b> <b>500 Randolph Street</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Dustin Richardson</b> <b>c/o Paul M. Stroebe, Esquire</b> <b>Stroebe &amp; Stroebe, PLLC</b> <b>PO Box 2582</b> <b>Charleston, WV 25329</b>  Date(s) debt was incurred <u>01/01/2024</u>  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Estate of Wesley M. Teter</b> <b>c/o Jonathan G. Brill, Esquire</b> <b>Jonathan G. Brill Law Firm, PLLC</b> <b>332 E Main Street</b> <b>Romney, WV 26757</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Gregory Pyles, Administrator of the</b> <b>Estate of Jaqueline V. Pyles</b> <b>c/o L. Dante diTrapano, Esq</b> <b>500 Randolph Street</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>PrimeCare Medical of West Virginia, Inc.</b>	Case number (if known)	
Name			
3.9	Nonpriority creditor's name and mailing address <b>Jessica B. Bowers</b> <b>c/o Christopher Heavens of Heavens Law</b> <b>2438 Kanawha Blvd. East</b> <b>Charleston, WV 25311</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>Personal injury</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
3.10	Nonpriority creditor's name and mailing address <b>Joyce Lynn Horner, Administratrix of the</b> <b>Estate of Noah Lee Morris</b> <b>c/o L. Dante diTrapano, Esquire</b> <b>500 Randolph Street</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>Personal injury</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
3.11	Nonpriority creditor's name and mailing address <b>Julia Bettis, Administratrix of the</b> <b>Estate of Levi C. Estep</b> <b>c/o L. Dante deTrapano, Esquire</b> <b>500 Randdolph Street</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>Personal injury</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
3.12	Nonpriority creditor's name and mailing address <b>Kayla Thomas, Administratrix of the</b> <b>Estate of Kevin Thomas</b> <b>c/o Danta diTrapano, Esquire</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred <u><b>01/01/2024</b></u>  Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>Personal injury</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
3.13	Nonpriority creditor's name and mailing address <b>Mark Beggs, Administrator of the Estate</b> <b>of Frederick K. Boggs</b> <b>c/o Joseph Spano, Esquire</b> <b>714 1/2 Lee Street, East, Suite 204</b> <b>Charleston, WV 25301</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>Personal injury</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>
3.14	Nonpriority creditor's name and mailing address <b>Marvin C. Thaxton</b> <b>41 Marysville Lane</b> <b>Charleston, WV 25312</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u><b>Personal injury</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u><b>Unknown</b></u>

Debtor	Name	Case number (if known)	
	<b>PrimeCare Medical of West Virginia, Inc.</b>		
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Matthew Goss</b> <b>c/o L. Dante diTrapano, Esquire</b> <b>Calwell Luce diTrapano, PLLC</b> <b>500 Randolph Street</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Maynard Meadows, Administrator of the</b> <b>Estate of Mark Adam Meadows</b> <b>c/o L. Dante diTrapano, Esquire</b> <b>500 Randolph Street</b> <b>Charleston, WV 25302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Michael D. Rose, Charles Blessard, et al</b> <b>c/o Stephen P. New, Esquire</b> <b>New, Taylor &amp; Associates</b> <b>430 Harper Park Drive</b> <b>Beckley, WV 25801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Deandre Williams</b> <b>Inmate #3544434</b> <b>South Central Regional Jail</b> <b>1001 Centre Way</b> <b>Charleston, WV 25309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>PrimeCare Medical, Inc.</b> <b>3940 Locus Lane</b> <b>Harrisburg, PA 17109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,800,000.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Rebecca Chapman</b> <b>c/o Stephen P. New, Esquire</b> <b>New Taylor &amp; Associates</b> <b>430 Harper Park Drive</b> <b>Beckley, WV 25801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Personal injury</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **PrimeCare Medical of West Virginia, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.21 Nonpriority creditor's name and mailing address **Sherrie Bell, Administratrix of the Estate of Brian Keith Riel c/o L. Danta diTrapano, Esq. 500 Randolph Street Charleston, WV 25302** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: **Personal injury**  
Date(s) debt was incurred \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes  
Last 4 digits of account number \_\_\_\_\_

3.22 Nonpriority creditor's name and mailing address **The Estate of Cody Lawrence Grove, by Richard Grove, Jr., Administrator c/o Paul G. Taylor, Esquire 134 West Burke Street Martinsburg, WV 25401** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: **Personal injury**  
Date(s) debt was incurred **01/01/2017** Is the claim subject to offset? ☒ No ☐ Yes  
Last 4 digits of account number \_\_\_\_\_

3.23 Nonpriority creditor's name and mailing address **Tyler Franklin, Administrator of the Estate of John Hunter Franklin c/o L. Dante diTrapano, Esquire 500 Randolph Street Charleston, WV 25302** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: **Personal injury**  
Date(s) debt was incurred \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes  
Last 4 digits of account number \_\_\_\_\_

3.24 Nonpriority creditor's name and mailing address **Wanda Perdue, as Administratrix of the Estate of Charles Perry c/o L. Dante diTrapano, Esquire 500 Randolph Street Charleston, WV 25302** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☐ Contingent  
☐ Unliquidated  
☒ Disputed  
Basis for the claim: **Personal injury**  
Date(s) debt was incurred \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes  
Last 4 digits of account number \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Andy Lee Griffin, Administrator of the Estate Amber Griffin c/o William C. Forbes, Esquire 1118 Kanawha Blvd East Charleston, WV 25301</b>	Line <b>3.1</b> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Andy Lee Griffin, Administrator of the Estate of Amber Griffin Timothy DiPero, Esquire PO Box 1631 Charleston, WV 25325</b>	Line <b>3.1</b> <input type="checkbox"/> Not listed. Explain _____	—



Debtor	PrimeCare Medical of West Virginia, Inc.	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	<b>April Kyer</b> c/o Michael A. Josephson, Esquire Josephson Dunlap LLP 11 Greenway Plaza, Suite 3050 Houston, TX 77046	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>April Kyer</b> c/o Richard J. (Rex) Burch, Esquire 11 Greenway Plaza, Suite 3025 Houston, TX 77046	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Charles Watts, Administrator of the Estate of Johnny H. Watts</b> c/o William C. Forbes, Esquire 1118 Kanawha Blvd, East Charleston, WV 25301	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Douglas M. Bircher, Administrator of the Estate of Paul P. Bircher</b> c/o William C. Forbes, Esquire 1118 Kanawha Blvd East Charleston, WV 25301	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Douglas M. Bircher, Administrator of the Estate of Paul P. Bircher</b> c/o Anthony Werner, Esquire Board of Trade Bldg, Ste 200, 80-12th St Wheeling, WV 26003	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Gregory Pyles, Administrator of the Estate of Jaqueline V. Pyles</b> c/o Anthony Werner, Esq 80-12th Street Wheeling, WV 26003	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>Jessican B. Bowers</b> c/o Stephen New & Associates 430 Harper Park Drive Beckley, WV 25801	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>Joyce Lynn Horner, Administratrix of the Estate of Noah Lee Morris</b> c/o William C. Forbes, Esquire 1118 Kanawha Blvd, East Charleston, WV 25301	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	<b>Julia Bettis, Administratrix of the Estate of Levi C. Estep</b> c/o William C. Forbes, Esquire 1118 Kanawha Blvd East Charleston, WV 25301	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	<b>Matthew Goss</b> c/o William C. Forbes, Esquire Forbes Law Office, PLLC 1118 Kanawha Blvd, East Charleston, WV 25301	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor <b>PrimeCare Medical of West Virginia, Inc.</b>		Case number (if known)
Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.13	<b>Matthew Goss</b> c/o Charles "Sonny" Johnstone, Esquire Johnstone & Gabhart PO Box 313 Charleston, WV 25321	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____
4.14	<b>Maynard Meadows, Administrator of the Estate of Mark Adam Meadows</b> c/o William C. Forbes, Esquire 1118 Kanawha Blvd. East Charleston, WV 25301	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____
4.15	<b>Michael D. Rose, Charles Blessard, et al</b> c/o Amanda Taylor, Esquire Taylor, Hinkle & Taylor 115 1/2 S. Kanawha Street Beckley, WV 25801	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____
4.16	<b>Michael D. Rose, Charles Blessard, et al</b> c/o Robert Dunlap, Esquire Robert Dunlap & Associates 208 Main Street Beckley, WV 25801	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____
4.17	<b>Michael D. Rose, Charles Blessard, et al</b> c/o Zachary Whitten, Esquire Whitten Law Office, L.C. PO Box 753 Pineville, WV 24874	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____
4.18	<b>Michael D. Rose, Charles Blessard, et al</b> c/o Timothy Lupardus, Esquire The Lupardus Law Office 275 Bearhole Road Pineville, WV 24874	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____
4.19	<b>Sherrie Bell, Administratrix of the Estate of Brian Keith Riel</b> c/o William C. Forbes & W. Jesse Forbes 1118 Kanawha Blvd., East Charleston, WV 25301	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____
4.20	<b>Tyler Franklin, Administrator of the Estate of John Hunter Franklin</b> c/o William C. Forbes, Esquire 1118 Kanawha Blvd, East Charleston, WV 25301	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____
4.21	<b>Tyler Franklin, Administrator of the Estate John Hunter Franklin</b> c/o Stephen P. New, Esquire 430 Harper Park Drive Beckley, WV 25801	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____
4.22	<b>Wanda Perdue, as the Administratrix of the Estate of Charles Perry</b> c/o William C. Forbes & W. Jesse Forbes 1118 Kanawha Blvd., East Charleston, WV 25301	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

Debtor PrimeCare Medical of West Virginia, Inc.  
Name

Case number (if known) \_\_\_\_\_

**5. Add the amounts of priority and nonpriority unsecured claims.**

**5a. Total claims from Part 1**

**5b. Total claims from Part 2**

**5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 225,036.49
5b. +	\$ 2,800,000.00
5c.	\$ 3,025,036.49

**Fill in this information to identify the case:**

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<p>Street</p> <p>City State Zip Code</p>		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name PrimeCare Medical of West Virginia, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2024 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$0.00

**For prior year:**  
From 1/01/2023 to 12/31/2023

☒ Operating a business  
☐ Other \_\_\_\_\_

\$0.00

**For year before that:**  
From 1/01/2022 to 12/31/2022

☒ Operating a business  
☐ Other \_\_\_\_\_

\$12,333,032.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor PrimeCare Medical of West Virginia, Inc.

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Offutt Simmons Simonton PLLC</b> 949 3rd Avenue #300 Huntington, WV 25701	See attached	\$195,088.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal fees</u>
3.2. <b>Sherrie Bell, Administratrix of the Estate of Brian Keith Riel</b> c/o William C. Forbes & W. Jesse Forbes 1118 Kanawha Blvd., East Charleston, WV 25301	See attached	\$125,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Settlement funded by non-debtor entity</u>
3.3. <b>Buchanan Ingersoll &amp; Rooney PC</b> 409 North Second Street, Suite 500 Harrisburg, PA 17101-1357	See attached	\$68,750.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal fees</u>
3.4. <b>Stroebe &amp; Stroebe, PLLC</b> 405 Capitol Street, Suite 102 Charleston, WV 25301	See attached	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Settlement funded by non-debtor entity</u>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Debtor PrimeCare Medical of West Virginia, Inc.

Case number (if known) \_\_\_\_\_

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. See Attachment			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.



Debtor **PrimeCare Medical of West Virginia, Inc.**

Case number (if known) \_\_\_\_\_

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Supple Law Office, PLLC</b> 801 Viand Street Point Pleasant, WV 25550	<b>Attorney Fees</b>	<b>12/11/2023</b>	<b>\$10,000.00</b>
	Email or website address <b>info@supplelawoffice.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>See attached</b>		
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply:

☒ Electronically

Debtor **PrimeCare Medical of West Virginia, Inc.**

Case number (if known)

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

☐ Paper

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

**Electronic medical records**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☒ No Go to Part 10.

☐ Yes. Fill in below:

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. <b>PNC Bank</b> <b>4530 Lena Drive, Suite 300</b> <b>Mechanicsburg, PA 17055</b>	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Operating Account</u>		<b>\$0.00</b>

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	---	-----------------------------	----------------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor PrimeCare Medical of West Virginia, Inc.

Case number (if known) \_\_\_\_\_

☐ None

Facility name and address

Names of anyone with  
access to it

Description of the contents

Does debtor  
still have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.☐ No.☐ Yes. Provide details below.Case title  
Case numberCourt or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☐ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

Debtor **PrimeCare Medical of West Virginia, Inc.**

Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None**Name and address****Date of service  
From-To**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Date of service  
From-To**26b.1. **Baker Tilly US, LLP  
1570 Fruitville Pike, Ste 400  
Lancaster, PA 17601**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are  
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**26d.1. **PNC Bank  
4530 Lena Drive, Suite 300  
Mechanicsburg, PA 17055****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
<b>Brent Bavington</b>	<b>PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109</b>	<b>President</b>	
<b>Tom Weber</b>	<b>PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109</b>	<b>Chief Executive Officer and Secretary</b>	
<b>Todd Haskins</b>	<b>PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109</b>	<b>Chief Operating Officer and Vice-President</b>	

Debtor **PrimeCare Medical of West Virginia, Inc.**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Kathryn Peters	PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109	General Counsel	
Matt Angelo	PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109	Chief Financial Officer	
Nate Kalteski	PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109	Non-voting member of Board	
Victoria Gessner	PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109	Non-voting member of Board	
Dr. Pamela Rollings	PrimeCare Medical of WV, Inc. 3940 Locus Lane Harrisburg, PA 17109	Chief Medical Officer and Non-voting member of the Board	
PrimeCare Medical, Inc.	3940 Locus Lane Harrisburg, PA 17109	Controlling shareholder	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
- ☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
David Dinello		Non-voting member of the Board	

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
- ☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Debtor PrimeCare Medical of West Virginia, Inc.

Case number (if known) \_\_\_\_\_

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 17, 2024

/s/ Thomas J. Weber

Signature of individual signing on behalf of the debtor

Thomas J. Weber

Printed name

Position or relationship to debtor Chief Executive Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
Southern District of West Virginia**

In re **PrimeCare Medical of West Virginia, Inc.**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>10,000.00</b>
Prior to the filing of this statement I have received .....	\$	<b>10,000.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**January 17, 2024**

*Date*

**/s/ Joe M. Supple**

**Joe M. Supple 8013**

*Signature of Attorney*

**Supple Law Office, PLLC**

**801 Viand Street**

**Point Pleasant, WV 25550**

**304-675-6249 Fax: 304-675-4372**

**info@supplelawoffice.com**

*Name of law firm*

**United States Bankruptcy Court  
Southern District of West Virginia**

In re **PrimeCare Medical of West Virginia, Inc.** Case No. \_\_\_\_\_  
Debtor(s) Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 17, 2024**

**/s/ Thomas J. Weber**  
**Thomas J. Weber/Chief Executive Officer**  
Signer/Title



Andy Lee Griffin, Administrator of the  
Estate of Amber Griffin  
c/o L. Dante diTrapano, Esquire  
500 Randolph Street  
Charleston, WV 25302

Andy Lee Griffin, Administrator of the  
Estate Amber Griffin  
c/o William C. Forbes, Esquire  
1118 Kanawha Blvd East  
Charleston, WV 25301

Andy Lee Griffin, Administrator of the  
Estate of Amber Griffin  
Timothy DiPero, Esquire  
PO Box 1631  
Charleston, WV 25325

April Kyer  
c/o Scott B. Cooper, Esquire  
Schmidt Kramer PC  
209 State Street  
Harrisburg, PA 17101

April Kyer  
c/o Michael A. Josephson, Esquire  
Josephson Dunlap LLP  
11 Greenway Plaza, Suite 3050  
Houston, TX 77046

April Kyer  
c/o Richard J. (Rex) Burch, Esquire  
11 Greenway Plaza, Suite 3025  
Houston, TX 77046

Brittany Foster  
c/o Reginald D. Henry, Esquire  
Reginald D. Henry, Attorney at Law, PLLC  
PO Box 465  
Mabscott, WV 25871

Charles Watts, Administrator of the  
Estate of Johnny H. Watts  
c/o L. Dante diTrapano, Esquire  
500 Randolph Street  
Charleston, WV 25302

Charles Watts, Administrator of the  
Estate of Johnny H. Watts  
c/o William C. Forbes, Esquire  
1118 Kanawha Blvd, East  
Charleston, WV 25301

Department of the Treasury  
Internal Revenue Service  
PO Box 9941, Stop 6552  
Ogden, UT 84409-0941

Douglas M. Bircher, Administrator  
of the Estate of Paul P. Bircher  
c/o L. Dante diTrapano, Esquire  
500 Randolph Street  
Charleston, WV 25302

Douglas M. Bircher, Administrator of  
the Estate of Paul P. Bircher  
c/o William C. Forbes, Esquire  
1118 Kanawha Blvd East  
Charleston, WV 25301

Douglas M. Bircher, Administrator of  
the Estate of Paul P. Bircher  
c/o Anthony Werner, Esquire  
Board of Trade Bldg, Ste 200, 80-12th St  
Wheeling, WV 26003

Dustin Richardson  
c/o Paul M. Stroebe, Esquire  
Stroebe & Stroebe, PLLC  
PO Box 2582  
Charleston, WV 25329

Estate of Wesley M. Teter  
c/o Jonathan G. Brill, Esquire  
Jonathan G. Brill Law Firm, PLLC  
332 E Main Street  
Romney, WV 26757

Gregory Pyles, Administrator of the  
Estate of Jaqueline V. Pyles  
c/o L. Dante diTrapano, Esq  
500 Randolph Street  
Charleston, WV 25302

Gregory Pyles, Administrator of the  
Estate of Jaqueline V. Pyles  
c/o Anthony Werner, Esq  
80-12th Street  
Wheeling, WV 26003

Jessica B. Bowers  
c/o Christopher Heavens of Heavens Law  
2438 Kanawha Blvd. East  
Charleston, WV 25311

Jessican B. Bowers  
c/o Stephen New & Associates  
430 Harper Park Drive  
Beckley, WV 25801

Joyce Lynn Horner, Administratrix of the  
Estate of Noah Lee Morris  
c/o L. Dante diTrapano, Esquire  
500 Randolph Street  
Charleston, WV 25302

Joyce Lynn Horner, Administratrix of the  
Estate of Noah Lee Morris  
c/o William C. Forbes, Esquire  
1118 Kanawha Blvd, East  
Charleston, WV 25301

Julia Bettis, Administratrix of the  
Estate of Levi C. Estep  
c/o L. Dante deTrapano, Esquire  
500 Randdolph Street  
Charleston, WV 25302

Julia Bettis, Administratrix of the  
Estate of Levi C. Estep  
c/o William C. Forbes, Esquire  
1118 Kanawha Blvd East  
Charleston, WV 25301

Kayla Thomas, Administratrix of the  
Estate of Kevin Thomas  
c/o Danta diTrapano, Esquire  
Charleston, WV 25302

Mark Beggs, Administrator of the Estate  
of Frederick K. Boggs  
c/o Joseph Spano, Esquire  
714 1/2 Lee Street, East, Suite 204  
Charleston, WV 25301

Marvin C. Thaxton  
41 Marysville Lane  
Charleston, WV 25312

Matthew Goss  
c/o L. Dante diTrapano, Esquire  
Calwell Luce diTrapano, PLLC  
500 Randolph Street  
Charleston, WV 25302

Matthew Goss  
c/o William C. Forbes, Esquire  
Forbes Law Office, PLLC  
1118 Kanawha Blvd, East  
Charleston, WV 25301

Matthew Goss  
c/o Charles "Sonny" Johnstone, Esquire  
Johnstone & Gabhart  
PO Box 313  
Charleston, WV 25321

Maynard Meadows, Administrator of the  
Estate of Mark Adam Meadows  
c/o L. Dante diTrapano, Esquire  
500 Randolph Street  
Charleston, WV 25302

Maynard Meadows, Administrator of the  
Estate of Mark Adam Meadows  
c/o William C. Forbes, Esquire  
1118 Kanawha Blvd. East  
Charleston, WV 25301

Michael D. Rose, Charles Blessard, et al  
c/o Stephen P. New, Esquire  
New, Taylor & Associates  
430 Harper Park Drive  
Beckley, WV 25801

Michael D. Rose, Charles Blessard, et al  
c/o Amanda Taylor, Esquire  
Taylor, Hinkle & Taylor  
115 1/2 S. Kanawha Street  
Beckley, WV 25801

Michael D. Rose, Charles Blessard, et al  
c/o Timothy Lupardus, Esquire  
The Lupardus Law Office  
275 Bearhole Road  
Pineville, WV 24874

Michael D. Rose, Charles Blessard, et al  
c/o Zachary Whitten, Esquire  
Whitten Law Office, L.C.  
PO Box 753  
Pineville, WV 24874

Michael D. Rose, Charles Blessard, et al  
c/o Robert Dunlap, Esquire  
Robert Dunlap & Associates  
208 Main Street  
Beckley, WV 25801

Michael Deandre Williams  
Inmate #3544434  
South Central Regional Jail  
1001 Centre Way  
Charleston, WV 25309

PrimeCare Medical, Inc.  
3940 Locus Lane  
Harrisburg, PA 17109

Rebecca Chapman  
c/o Stephen P. New, Esquire  
New Taylor & Associates  
430 Harper Park Drive  
Beckley, WV 25801

Sherrie Bell, Administratrix of the  
Estate of Brian Keith Riel  
c/o L. Danta diTrapano, Esq.  
500 Randolph Street  
Charleston, WV 25302

Sherrie Bell, Administratrix of the  
Estate of Brian Keith Riel  
c/o William C. Forbes & W. Jesse Forbes  
1118 Kanawha Blvd., East  
Charleston, WV 25301

The Estate of Cody Lawrence Grove, by  
Richard Grove, Jr., Administrator  
c/o Paul G. Taylor, Esquire  
134 West Burke Street  
Martinsburg, WV 25401

Tyler Franklin, Administrator of the  
Estate of John Hunter Franklin  
c/o L. Dante diTrapano, Esquire  
500 Randolph Street  
Charleston, WV 25302

Tyler Franklin, Administrator of the  
Estate of John Hunter Franklin  
c/o William C. Forbes, Esquire  
1118 Kanawha Blvd, East  
Charleston, WV 25301

Tyler Franklin, Administrator of the  
Estate John Hunter Franklin  
c/o Stephen P. New, Esquire  
430 Harper Park Drive  
Beckley, WV 25801

Wanda Perdue, as Administratrix of the  
Estate of Charles Perry  
c/o L. Dante diTrapano, Esquire  
500 Randolph Street  
Charleston, WV 25302

Wanda Perdue, as the Administratrix of  
the Estate of Charles Perry  
c/o William C. Forbes & W. Jesse Forbes  
1118 Kanawha Blvd., East  
Charleston, WV 25301

**United States Bankruptcy Court  
Southern District of West Virginia**

In re **PrimeCare Medical of West Virginia, Inc.**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **PrimeCare Medical of West Virginia, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**January 17, 2024**

Date

**/s/ Joe M. Supple**

**Joe M. Supple 8013**

Signature of Attorney or Litigant

Counsel for **PrimeCare Medical of West Virginia, Inc.**

**Supple Law Office, PLLC**

**801 Viand Street**

**Point Pleasant, WV 25550**

**304-675-6249 Fax: 304-675-4372**

**info@supplelawoffice.com**

Statement of Financial Affairs, Page 1, Line 3. Certain payments or transfers to creditors within 90 days before filing this case.

Posted dt.	Doc	Memo/Description	Debit
10/18/2023	60464	Bill - OFFUTT SIMMONS SIMONTON PLLC: PRIMECARE GENERAL ADVISORY FILE	300.00
10/18/2023	60456 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: AYERS V PCM	200.00
10/18/2023	60457 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: BENNETT JR EST V PCM	50.00
10/18/2023	60458 13	Bill - OFFUTT SIMMONS SIMONTON PLLC: BIRCHER EST V PCM	1,255.00
10/18/2023	60450 09	Bill - OFFUTT SIMMONS SIMONTON PLLC: DOWERS V PCM	2,340.00
10/18/2023	60460 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: CHAPMAN V PCM	525.00
10/18/2023	60461 27	Bill - OFFUTT SIMMONS SIMONTON PLLC: COOPER EST V PCM	500.00
10/18/2023	60462 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: ESTEP EST V PCM	1,326.60
10/18/2023	60463 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: FOSTER V PCM	6,861.23
10/18/2023	60465 33	Bill - OFFUTT SIMMONS SIMONTON PLLC: GOSS V PCM	1,732.50
10/18/2023	60466 27	Bill - OFFUTT SIMMONS SIMONTON PLLC: GRIFFIN EST V PCM	1,398.60
10/18/2023	60467 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: LITTLE V PCM	24,010.41
10/18/2023	60468 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: MEADOWS EST V PCM	3,124.90
10/18/2023	60469 38	Bill - OFFUTT SIMMONS SIMONTON PLLC: MORRIS EST V PCM	317.10
10/18/2023	60470 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: PERRY EST V PCM	798.10
10/18/2023	60471 38	Bill - OFFUTT SIMMONS SIMONTON PLLC: PYLES EST V PCM	4,174.60
10/18/2023	60472 38	Bill - OFFUTT SIMMONS SIMONTON PLLC: RIEL EST V PCM	500.00
10/18/2023	60473 98	Bill - OFFUTT SIMMONS SIMONTON PLLC: 98 GENERAL M ROSE & E HARMON V PCM	19,010.01
10/18/2023	60474 27	Bill - OFFUTT SIMMONS SIMONTON PLLC: THAXTON V PCM	50.00
10/18/2023	60475 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: WATTS EST V PCM	1,379.10
10/18/2023	60476 13	Bill - OFFUTT SIMMONS SIMONTON PLLC: WILLIAMS V PCM	247.20
10/31/2023	60358	Bill - OFFUTT SIMMONS SIMONTON PLLC: CLASS ACTION SUIT M ROSE & E HARMON	28,601.03
10/31/2023	12264748	Bill - BUCHANAN INGERSOLL & ROONEY PC: APRIL KYER	20,811.00
10/31/2023	60148 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: BRITTANY N FOSTER V PCM	8,033.61
10/31/2023	60364 09	Bill - OFFUTT SIMMONS SIMONTON PLLC: GROVE V PCM	435.00
11/14/2023	60573	Bill - OFFUTT SIMMONS SIMONTON PLLC: PRIME CARE GENERAL ADVISORY FILE	1,129.62
11/14/2023	60581	Bill - OFFUTT SIMMONS SIMONTON PLLC: MICHAEL D ROSE & EDWARD HARMON V PCM	23,845.57
11/14/2023	176503	Bill - SHERRIE BELL: SETTLEMENT RIEL V PCM	125,000.00
11/14/2023	12268929	Bill - BUCHANAN INGERSOLL & ROONEY PC: PROFESSIONAL SERVICES APRIL KYER	47,939.00
11/14/2023	60326 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: GROVER ADAMS V PCM	387.64
11/14/2023	60567 38	Bill - OFFUTT SIMMONS SIMONTON PLLC: BAILEY EST V PCM	50.00
11/14/2023	60569 13	Bill - OFFUTT SIMMONS SIMONTON PLLC: BIRCHER EST V PCM	336.00
11/14/2023	60570 09	Bill - OFFUTT SIMMONS SIMONTON PLLC: BOWERS V PCM	3,220.00
11/14/2023	60571 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: CHAPMAN V PCM	324.90
11/14/2023	60572 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: ESTEP EST V PCM	845.16
11/14/2023	60574 33	Bill - OFFUTT SIMMONS SIMONTON PLLC: GOSS V PCM	100.00
11/14/2023	60575 27	Bill - OFFUTT SIMMONS SIMONTON PLLC: GRIFFIN EST V PCM	591.00
11/14/2023	60576 09	Bill - OFFUTT SIMMONS SIMONTON PLLC: GROVE EST V PCM	5,335.11
11/14/2023	60578 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: MEADOWS EST V PCM	261.00
11/14/2023	60579 38	Bill - OFFUTT SIMMONS SIMONTON PLLC: MORRIS EST V PCM	7,856.74
11/14/2023	60580 38	Bill - OFFUTT SIMMONS SIMONTON PLLC: PYLES EST V PCM	1,615.40
11/14/2023	60582 33	Bill - OFFUTT SIMMONS SIMONTON PLLC: TETER EST V PCM	250.00
11/14/2023	60583 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: WATTS EST V PCM	100.10
11/14/2023	60584 13	Bill - OFFUTT SIMMONS SIMONTON PLLC: WILLIAMS V PCM	1,418.70
11/14/2023	60585 12	Bill - OFFUTT SIMMONS SIMONTON PLLC: FOSTER V PCM	61.00
11/14/2023	60586 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: BENNETTY FR EST V PCM	100.00
11/14/2023	60587 44	Bill - OFFUTT SIMMONS SIMONTON PLLC: LITTLE V PCM	40,081.48
11/29/2023	11/17/23 SETTLEMENT 12	Bill - STROEBEL & STROEBEL, PLLC & LARRY AYERS: SETTLEMENT LARRY AYERS	15,000.00
12/11/2023	FILING FEE 2023	Bill - SUPPLE LAW OFFICE PLLC CLIENT TRUST ACCOUNT: WV BANKRUPTCY COUNSEL	10,338.00



Statement of Financial Affairs, Page 3, Line 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits.

Action No.	Plaintiff's Full Name	Case Caption	Case Location
17-C-529	The Estate of Cody Lawrence Grove, by Ronald Grove, Jr. Administrator	Joshua David Zombro, individually and in his official capacity as a former correctional officer of the West Virginia Regional Jail and Correctional Facility Authority, West Virginia Regional Jail and Correctional Facility Authority, a public corporation, and PrimeCare Medical of WV, Inc.	Circuit Court of Berkeley County, West Virginia
2:19-cv-000033	Marvin C. Thaxton	W.V.D.O.C. COMMISSIONER, ET AL.; W.V.A.R.J.A. COMMISSIONER, ET AL.; PRIMECARE MEDICAL, INC., ET AL.; JOE WOOD, ADMINISTRATOR, S.W.R.J., ET AL.; SGT. SLATER, S.W.R.J.; CO.O. MIKE BRANSON, S.W.R.J.; JOHN DOE #1, S.W.R.J.; JOHN DOE #2, S.W.R.J.; LANCE YARDLEY, ADMINISTRATOR, P.C.C.; WILLIAM YEST, ADMINISTRATOR; B.W.R.C.; JOHN ANDERSON, ADMINISTRATOR; S.C.C.; RUSSELL MORTON, ADMINISTRATOR, O.C.C.C.; WILLIAM YURCINA, ADMINISTRATOR, O.C.C.C.; KAREN PSZCOKOCKOWSKI, ADMINISTRATOR, N.C.C.; and JIM GREY, PRIMECARE, N.C.C.;	United States District Court of the Southern District of West Virginia Charleston Division
2:19-cv-00067	Michael Deandre Williams	PRIMECARE MEDICAL, INC., ANNA HAGER, JESSICA THORNHILL, NURSE RUTHANNA (LNU), NURSE MOLLY (LNU, NURSE JOSLYN OR JOSLIN (LNU)), NURSE TRINA OR TINA (LNU) AND FORMER SUPERINTENDENT J.T. BINION, <<< alternatively named >>> Tina Founts-Sneed, Jessica Thornhill, and J.T. Binion	United States District Court of the Southern District of West Virginia Charleston Division
22-C-69	Wanda Perdue, as the Administratrix of the Estate of Charles Perry	Primecare Medical of West Virginia, Inc.	Circuit Court of Kanawha County, West Virginia
22-C-409	Sherrie Bell, Administratrix of the Estate of Brian Keith Riel	PrimeCare Medical of West Virginia, Inc. and West Virginia Division of Corrections and Rehabilitation	Circuit Court of Kanawha County, West Virginia

3:23-CV-119	Jessica B. Bowers	STATE OF WEST VIRGINIA, DEPARTMENT OF HOMELAND SECURITY, DIVISION OF CORRECTIONS AND REHABILITATION, a West Virginia State Agency, and JOHN /JANE DOE, unknown employees or agents of the above entity, in their individual capacities, and as employees or agents of the above entities. PRIMECARE MEDICAL OF WEST VIRGINIA, INC., a West Virginia Corporation; PRIMECARE MEDICAL, INC., a foreign corporation PrimeCare Medical of West Virginia, Inc. and West Virginia Division of Corrections and Rehabilitation PrimeCare Medical of West Virginia, The West Virginia Department of Corrections and Rehabilitation and Wexford Health	United States District Court of the Northern District of West Virginia Martinsburg Division
22-C-475	Gregory Pyles, Administrator of the Estate of Jaqueline V. Pyles		Circuit Court of Kanawha County, West Virginia
NOC only	Mark Beggs, as Administrator of the Estate of Frederick K. Beggs		n/a
22-C-720	Joyce Lynn Horner, Administratrix of the Estate of Noah Lee Morris	PrimeCare Medical of West Virginia, Inc. and West Virginia Division of Corrections and Rehabilitation	Circuit Court of Kanawha County, West Virginia
22-C-936	Charles Watts, Administrator of the Estate of Johnny H. Watts	PrimeCare Medical of West Virginia, Inc. and West Virginia Division of Corrections and Rehabilitation	Circuit Court of Kanawha County, West Virginia

23-C-623	Maynard Meadows, Administrator of the Estate of Mark Adam Meadows	PrimeCare Medical of West Virginia, Inc.	Circuit Court of Kanawha County, West Virginia
NOC only	Estate of Wesley M. Teter	PrimeCare Medical, Inc. and PrimeCare Medical of West Virginia, Inc.	n/a
3:23-cv-00608	Tyler Franklin, Individually and as the Administrator of the Estate of John Hunter Franklin	PrimeCare Medical of West Virginia, Inc., PSIMED, Inc., West Virginia Division of Corrections and Rehabilitation, and John/Jane Doe Correctional Officers	United States District Court of the Southern District of West Virginia Huntington Division
1:23-CV-00176-Y	April Kyer, Individually and for Others Similarly Situated,	April Kyer, Individually and for Others Similarly Situated, vs. PrimeCare Medical, Inc.	United States District Court, Middle District of Pennsylvania, Harrisburg Division
5:23-CV-312	Dustin Richardson	Dustin Richardson v. PrimeCare Medical of West Virginia Inc., Nurse Destiny Drake, Braxton County Memorial Hospital, William Given, M.D. and John/Jane Does	United States District Court for the Northern District of West Virginia

Statement of Financial Affairs, Page 4, Line 15, Health Care Bankruptcies

PrimeCare Facility

Chick Buckbee Juvenile Center	One Jerry L Augusta WV	26704
Central Regional Jail	1255 Dyer Sutton WV	26601
Donald R. Kuhn Juvenile Center	One Lory P Julian WV	25529
Eastern Regional Jail	94 Grapevi Martinsbur WV	25401
Gene Spadaro Juvenile Center	106 Martin Mt. Hope WV	25880
Kenneth "Honey" Rubenstein Juvenile Center	141 Forest Davis WV	26260
Lorrie Yeager Juvenile Center	907 Missio Parkersbur WV	26101
North Central Regional Jail	1 Lois Lane Greenwood WV	26415
Potomac Highlands Regional Jail	355 Dolan Augusta WV	26704
Robert L. Shell Juvenile Center	Two O'Han Barboursvil WV	25504
South Central Regional Jail	1001 Centr Charleston WV	25309
Sam Perdue Juvenile Center	843 Shelter Princeton WV	24740
Southern Regional Jail	1200 Airpo Beaver WV	25813
Southwestern Regional Jail	1300 Gastc Holden WV	25625
Tiger Morton Juvenile Center	60 Manfer Dunbar WV	25064
Tygart Valley Regional Jail	400 Abbey Belington WV	26250
Vicki Douglas Juvenile Center	900 Emme Martinsbur WV	25401
Western Regional Jail	One O'Han Barboursvil WV	25504